HAI Liaison Program Data Validation For	rms
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Review Date:/11	Reviewer's Initials:
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Form 2 CDI Events

Instructions:

- 1. Fill in the specimen date for each toxin-positive *C difficille* test as corresponds to the number on your laboratory line list (see Form1).
- 2. Using NHSN Analysis, produce a line list of CDI LabID Events reported by your hospital for the same 3-month validation review period.
- 3. For each numbered specimen, answer Q1 by referring to your NHSN line list. For CDI cases reported to NHSN, record NHSN Event #. If cases on your NHSN list are not included (i.e. were not on lab line list), add to the bottom of table.
- 4. Using patient information on the lab line list (i.e. name or medical record number), for each numbered CDI specimen, review patient's medical record to verify your decision to report or not report to NHSN. Carefully follow NHSN CDI LabID protocols/definitions; refer to them often.
 - o For each specimen **NOT** reported to NHSN, indicate reason why in the appropriate column. If case should have been reported but was not, record as missed. Indicate a reason the case may have been missed.
 - For each specimen Reported to NHSN, verify if case met inpatient LabID criteria. If no, record reporting error and indicate reason.
 If yes, CDI LabID criteria met, compare specimen date, admission, and location as reported on NHSN line list to the same info in the medical record. Verify accuracy. Check box if correct as reported. If incorrectly reported, record accurate data in table.
- 5. Complete CDI section of Form 6, Validation Findings.

When review complete, make all needed corrections to your data in NHSN!

CDI Events Table

<u> </u>	CDI Events Table.										
				If Q1 answer is	NO, comple	te this section	If Q1	l answer is YES , o	complete this sect	ion	
Lab	Positive Cdifficile specimen	ifficile reported to		Outpatient or ED specimen from patient	Complete Com	MISSED Should have been reported	Reported in ERROR Does not meet	Correctly Reported Met inpatient LabID criteria Per instructions, √ box if data entered correctly in			
list #	date	YES √ NHSN Event #	NO	not admitted to hospital same calendar day	positive	√ Reason?	inpatient LabID criteria √ Reason?	NHSN -or - enter Specimen date	Correction Admission date	Location attribution	
C1	//11							□//11	□//11		
C2	//11							<u> </u>	<u>//11</u>		
C3	//11							<u> </u>	<u>//11</u>		
C4	//11							<u> </u>	<u>//11</u>		
C5	//11							<u>//11</u>	<u>//11</u>		
C6	//11							<u> </u>	<u>//11</u>		
C7	//11							<u> </u>	<u>//11</u>		
C8	//11							//11	//11		
C9	//11							//11	<u>//11</u>		
C10	//11							//11	<u>//11</u>		

Column totals:

5.1.12 Form 2 1

HAI Liaison Program Data Validation Fo	orm
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				If Q1 answer is	NO, comple	te this section	If Q1	l answer is YES , (complete this sect	ion
Lab list #	# date YES NO		Positive Cdifficile reported to pecimen date Q1. Was CDI Event reported to NHSN? Outpatient or ED specimen contact specimen since last positive contact posi		MISSED Should have been reported	Reported in ERROR Does not meet inpatient LabID criteria			ria	
C11	/ /11						Reason?	□ / /11	□ / /11	
C12										
C13	//11								//11	
C14	//11							<u>//11</u>	<u>//11</u>	
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Column totals:

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				If ∩1 answer is	NO comple	to this section	If O1	answer is VEC	complete this sect	ion	
		If Q1 answer is NO , complete this section					If Q1 answer is YES , complete this section				
	Positive	Positive Was CDI Ever		Outpatient or ED specimen	Duplicate	MISSED	Reported in ERROR	Correctly Reported Met inpatient LabID criteria			
Lab	Cdifficile specimen	reported to NHSN?		from patient		Should have been reported	Does not meet	·			
Lab list #	date			not admitted to	positive	√ Reason?	inpatient LabID criteria	NHSN –or – enter correction.			
		YES NO √ NHSN Event # √		hospital same calendar day			V Reason?	Specimen date	Admission date	Location attribution	
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